## Claims Payment Summary Report Health Plan ID: 2162519

Health Plan ID: 2162519
Health Plan Name: Amerigroup Louisiana, Inc.
Health Plan Contact: \*\*\*

Contact Email: \*\*\*

Report Period Start Date: 20131001

Report Period End Date 20131231

## BAYOU HEALTH Reporting Document ID: Pl221

Document ID: PI221

Document Name: Prompt Payment Report

Report Frequency: Quarterly

Report Due Date: 30th of the month following end of reporting

File Type: Excel

Subject Matter: Informatics (I)

Clean Claim Information						# of Claims Processed In Reporting Period/Percentage							
						Business Days			Calendar Days				
Claim Type	Description	Claims Received	\$ Amount Paid	Avg Days Cycle	Claims Processed	01-15	%	01-30	%	31-90	%	>90	%
01	Inpatient Hospital	6,572	\$21,936,576.26	8	6,375	6,290	99%	6,365	100%	9	0%	1	0%
03	Outpatient Hospital	89,755	\$15,168,868.88	5	88,683	88,236	99%	88,350	100%	204	0%	129	0%
04	Professional - Amerigroup	305,017	\$22,779,843.21	4	302,895	295,635	98%	302,753	100%	136	0%	6	0%
05	Rehab	1,304	\$162,950.52	6	1,271	1,270	100%	1,271	100%		0%		0%
06	Home Health - Amerigroup	9	\$0.00	5	10	10	100%	10	100%		0%		0%
07	EMT(Transportation)	3,654	\$1,260,121.77	8	3,536	3,526	100%	3,534	100%	2	0%		0%
09	DME - Amerigroup	78	\$4,589.93	6	66	61	92%	66	100%		0%		0%
13	EPSDT	20,422	\$1,434,797.78	4	20,179	19,933	99%	20,172	100%	7	0%		0%
04	Professional - Block	9,633	\$515,884.51	7	9,633	9,633	100%	9,633	100%	0	0%	0	0%
04	Professional - eyeQuest	121	\$9,483.88	6	121	121	100%		0%		0%		0%
8	NEMT(Transportation)	19,152	\$790,764	12	19,152	19,046	99%	19,152	100%		0%		0%
6	Home Health - Univita	1,681	\$401,207.74	15	1,764	1,762	99.90%	1,764	100%	0	0%	0	0%
9	Home Health - DME	5,817	\$735, 538.06	16	5,740	5,710	99.48%	5,732	99.86%	8	0.10%		0%
12	Pharmacy	514,250	\$23,591,785.20	1	514,250	513,296	99.81%	513,977	99.95%	273	0.05%		0%
	Totals	977,465	88,792,411.74		973,675	964,529	99%	972,779	100%	639	0%	136	0%